

<b>United States Bankruptcy Court Southern District of Ohio</b>						<b>Voluntary Petition</b>																					
Name of Debtor (if individual, enter Last, First, Middle): <b>Moore, Leroy</b>				Name of Joint Debtor (Spouse) (Last, First, Middle):																							
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):																							
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all): <b>6122</b>				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all):																							
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>6832 White Chapel Court Columbus, OH</b>				Street Address of Joint Debtor (No. & Street, City, State & Zip Code):																							
ZIPCODE <b>43229-5820</b>				ZIPCODE																							
County of Residence or of the Principal Place of Business: <b>Franklin</b>				County of Residence or of the Principal Place of Business:																							
Mailing Address of Debtor (if different from street address)				Mailing Address of Joint Debtor (if different from street address):																							
ZIPCODE				ZIPCODE																							
Location of Principal Assets of Business Debtor (if different from street address above):						ZIPCODE																					
<b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box.)  <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)  <b>Chapter 15 Debtor</b> Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:		<b>Nature of Business</b> (Check <b>one</b> box.)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other  <b>Tax-Exempt Entity</b> (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check <b>one</b> box.)  <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding  <b>Nature of Debts</b> (Check <b>one</b> box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.																							
<b>Filing Fee</b> (Check one box)  <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.			<b>Chapter 11 Debtors</b>  <b>Check one box:</b> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).  <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 ( <i>amount subject to adjustment on 4/01/16 and every three years thereafter</i> ). ----- <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																								
<b>Statistical/Administrative Information</b> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.						<b>THIS SPACE IS FOR COURT USE ONLY</b>																					
Estimated Number of Creditors <table style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td style="text-align: center;">1-49</td><td style="text-align: center;">50-99</td><td style="text-align: center;">100-199</td><td style="text-align: center;">200-999</td><td style="text-align: center;">1,000- 5,000</td><td style="text-align: center;">5,001- 10,000</td><td style="text-align: center;">10,001- 25,000</td><td style="text-align: center;">25,001- 50,000</td><td style="text-align: center;">50,001- 100,000</td><td style="text-align: center;">Over 100,000</td></tr></table>								<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-49	50-99	100-199	200-999	1,000- 5,000	5,001- 10,000	10,001- 25,000	25,001- 50,000	50,001- 100,000	Over 100,000
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Estimated Assets <table style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td style="text-align: center;">\$0 to \$50,000</td><td style="text-align: center;">\$50,001 to \$100,000</td><td style="text-align: center;">\$100,001 to \$500,000</td><td style="text-align: center;">\$500,001 to \$1 million</td><td style="text-align: center;">\$1,000,001 to \$10 million</td><td style="text-align: center;">\$10,000,001 to \$50 million</td><td style="text-align: center;">\$50,000,001 to \$100 million</td><td style="text-align: center;">\$100,000,001 to \$500 million</td><td style="text-align: center;">\$500,000,001 to \$1 billion</td><td style="text-align: center;">More than \$1 billion</td></tr></table>						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion		
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Estimated Liabilities <table style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td style="text-align: center;">\$0 to \$50,000</td><td style="text-align: center;">\$50,001 to \$100,000</td><td style="text-align: center;">\$100,001 to \$500,000</td><td style="text-align: center;">\$500,001 to \$1 million</td><td style="text-align: center;">\$1,000,001 to \$10 million</td><td style="text-align: center;">\$10,000,001 to \$50 million</td><td style="text-align: center;">\$50,000,001 to \$100 million</td><td style="text-align: center;">\$100,000,001 to \$500 million</td><td style="text-align: center;">\$500,000,001 to \$1 billion</td><td style="text-align: center;">More than \$1 billion</td></tr></table>						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion		
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<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>Moore, Leroy</b>	
<b>All Prior Bankruptcy Case Filed Within Last 8 Years</b> (If more than two, attach additional sheet)			
Location Where Filed: <b>None</b>	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>None</b>	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts.)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b).  <div style="display: flex; justify-content: space-between;"> <span><b>X</b> <u>/s/ Mark Albert Herder</u></span> <span><b>11/30/15</b></span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Signature of Attorney for Debtor(s)</span> <span>Date</span> </div>	
<b>Exhibit C</b> Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
<b>Exhibit D</b> (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.  If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box.)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)			
_____ (Name of landlord that obtained judgment)			
_____ (Address of landlord)			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

**Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

**Moore, Leroy**

**Signatures**

**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X /s/ Leroy Moore**

Signature of Debtor

**Leroy Moore**

**X**

Signature of Joint Debtor

**(614) 947-9231**

Telephone Number (If not represented by attorney)

**November 30, 2015**

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X**

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

**Signature of Attorney\***

**X /s/ Mark Albert Herder**

Signature of Attorney for Debtor(s)

**Mark Albert Herder 0061503**

**Mark Albert Herder**

**901 South High Street**

**Columbus, OH 43205-0000**

**November 30, 2015**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Non-Attorney Petition Preparer**

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

**X**

Signature

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.*

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

IN RE:

Case No. \_\_\_\_\_

Moore, Leroy

Chapter 13

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Leroy Moore

Date: November 30, 2015

Certificate Number: 11557-OHS-CC-026600451



11557-OHS-CC-026600451

## CERTIFICATE OF COUNSELING

I CERTIFY that on November 30, 2015, at 1:57 o'clock PM MST, Leroy Moore received from Academy of Financial Literacy, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Southern District of Ohio, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: November 30, 2015 By: /s/Phillip Eugene Day

Name: Phillip Eugene Day

Title: Owner

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

Document Page 6 of 80  
**United States Bankruptcy Court**  
**Southern District of Ohio**

**IN RE:**

Case No. \_\_\_\_\_

**Moore, Leroy**Chapter **13**

Debtor(s)

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR  
AND APPLICATION FOR ALLOWANCE OF FEES IN CHAPTER 13 CASE**

**I. Disclosure**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. R. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ **3,500.00**

Prior to the filing of this statement I have received ..... \$ **90.00**

Balance Due ..... \$ **3,410.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

**II. Application**

5. I hereby apply for an allowance of fees in the amount set forth above. I understand and agree that the Court may approve, without itemization, an allowance of fees not to exceed \$3,500, for rendering the legal services set forth below. If I seek payment of fees in excess of \$3,500, I will file a separate application that sets forth the total amount of the fee requested, and that includes an itemization of all legal services performed, the hourly rate at which the services were performed, and the actual time spent by the case attorney, any other attorney, paralegal or professional person for whom fees are sought. Any request for reimbursement of expenses shall include an itemization of the expenses.
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether, and under what chapter, to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statements of affairs and amendments thereto that may be required;
  - c. Preparation and filing of chapter 13 plan, and any pre-confirmation amendments thereto that may be required;
  - d. Preparation and filing of payroll orders and amended payroll orders;
  - e. Representation of the debtor at the meeting of creditors and confirmation hearing; and any continued hearings thereof;
  - f. Filing of address changes;
  - g. Routine phone calls and questions;
  - h. Review of claims;
  - i. Review of notice of intention to pay claims;
  - j. Preparation and filing of objections to non-real estate and non-tax claims;
  - k. Preparation and filing of first motion to suspend or reduce payments;
  - l. Preparation and filing of debtor's certification regarding issuance of discharge order; and
  - m. Any other duty as required by local decision or policy.

6. By agreement with the debtor(s), the above disclosed fee does not include the following services:

**November 30, 2015**

Date

***/s/ Mark Albert Herder***

**Mark Albert Herder 0061503**

**Mark Albert Herder**

**901 South High Street**

**Columbus, OH 43205-0000**

IN RE:

Case No. \_\_\_\_\_

**Moore, Leroy**

Chapter **13**

Debtor(s)

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)  
UNDER § 342(b) OF THE BANKRUPTCY CODE**

**Certificate of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer  
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)  
(Required by 11 U.S.C. § 110.)

**X** \_\_\_\_\_  
Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

**Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

**Moore, Leroy**

Printed Name(s) of Debtor(s)

**X /s/ Leroy Moore**

Signature of Debtor

**11/30/2015**

Date

Case No. (if known) \_\_\_\_\_

**X** \_\_\_\_\_

Signature of Joint Debtor (if any)

Date

**Instructions:** Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.



## UNITED STATES BANKRUPTCY COURT

### NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### **1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### **2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

##### **Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335)**

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your

discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)**

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1167 filing fee, \$550 administrative fee: Total fee \$1717)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at [http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

**Fill in this information to identify your case:**

Debtor 1 **Leroy Moore**  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **Southern District of Ohio**

Case number  
(If known)

**Check as directed in lines 17 and 21:**

According to the calculations required by this Statement:

- ☐ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☒ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- ☐ 3. The commitment period is 3 years.
- ☒ 4. The commitment period is 5 years.

☐ Check if this is an amended filing

**Official Form 22C-1**

**Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

**Part 1: Calculate Your Average Monthly Income**

1. **What is your marital and filing status?** Check one only.

- ☒ **Not married.** Fill out Column A, lines 2-11.
- ☐ **Married.** Fill out both Columns A and B, lines 2-11.

**Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case.** 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. <b>Your gross wages, salary, tips, bonuses, overtime, and commissions</b> (before all payroll deductions).	\$ <b>1,911.43</b>	\$ <b>0.00</b>
3. <b>Alimony and maintenance payments.</b> Do not include payments from a spouse if Column B is filled in.	\$ <b>0.00</b>	\$ <b>0.00</b>
4. <b>All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support.</b> Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ <b>0.00</b>	\$ <b>0.00</b>
5. <b>Net income from operating a business, profession, or farm</b>		
Gross receipts (before all deductions)	\$ <b>0.00</b>	
Ordinary and necessary operating expenses	– \$ <b>0.00</b>	
Net monthly income from a business, profession, or farm	\$ <b>0.00</b>	
	Copy here →	\$ <b>0.00</b>
6. <b>Net income from rental and other real property</b>		
Gross receipts (before all deductions)	\$ <b>0.00</b>	
Ordinary and necessary operating expenses	– \$ <b>0.00</b>	
Net monthly income from rental or other real property	\$ <b>0.00</b>	
	Copy here →	\$ <b>0.00</b>

Debtor 1

Leroy Moore

First Name Middle Name

Last Name

Document

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Case number (if known)

Column A  
Debtor 1Column B  
Debtor 2 or  
non-filing spouse

## 7. Interest, dividends, and royalties

\$ 0.00

\$ 0.00

## 8. Unemployment compensation

\$ 0.00

\$ 0.00

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:  $\downarrow$

For you ..... \$ 0.00

For your spouse ..... \$ 0.00

## 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.

\$ 2,233.22

\$ 0.00

## 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c.

10a. .... \$

10b. .... \$

10c. Total amounts from separate pages, if any.

+ \$ 0.00

+ \$ 0.00

## 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ 4,144.65

+ \$ 0.00

= \$ 4,144.65

Total average  
monthly income

## Part 2: Determine How to Measure Your Deductions from Income

12. Copy your total average monthly income from line 11. .... \$ 4,144.65

## 13. Calculate the marital adjustment. Check one:

☒ You are not married. Fill in 0 in line 13d.☐ You are married and your spouse is filing with you. Fill in 0 in line 13d.☐ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

In lines 13a-c, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 on line 13d.

13a. .... \$

13b. .... \$

13c. .... + \$

13d. Total.....

\$ 0.00

Copy here.  $\rightarrow$  13d.  $-$  0.00

## 14. Your current monthly income. Subtract line 13d from line 12.

14. \$ 4,144.65

## 15. Calculate your current monthly income for the year. Follow these steps:

15a. Copy line 14 here  $\rightarrow$  ..... 15a. \$ 4,144.65

Multiply line 15a by 12 (the number of months in a year).

x 12

15b. The result is your current monthly income for the year for this part of the form.

15b. \$ 49,735.80

Debtor 1

**Leroy Moore**

First Name

Middle Name

Last Name

Document

Page 13 of 80

Case number (if known)

**16. Calculate the median family income that applies to you.** Follow these steps:

16a. Fill in the state in which you live.

Ohio

16b. Fill in the number of people in your household.

1

16c. Fill in the median family income for your state and size of household. .... 16c.

\$ 43,978.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**17. How do the lines compare?**17a. ☐ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out *Calculation of Disposable Income* (Official Form 22C-2).17b. ☒ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Disposable Income (Official Form 22C-2).** On line 39 of that form, copy your current monthly income from line 14 above.**Part 3:**

Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4)

**18. Copy your total average monthly income from line 11.** ..... 18.\$ 4,144.65**19. Deduct the marital adjustment if it applies.** If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13d.

If the marital adjustment does not apply, fill in 0 on line 19a.

19a. — \$ 0.00**Subtract line 19a from line 18.**19b. \$ 4,144.65**20. Calculate your current monthly income for the year.** Follow these steps:

20a. Copy line 19b. .... 20a.

\$ 4,144.65

Multiply by 12 (the number of months in a year).

x 12

20b. The result is your current monthly income for the year for this part of the form.

20b. \$ 49,735.80

20c. Copy the median family income for your state and size of household from line 16c. ....

\$ 43,978.00**21. How do the lines compare?**☐ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.☒ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.**Part 4:**

Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X

/s/ Leroy Moore

Signature of Debtor 1

X

Signature of Debtor 2

Date November 30, 2015

MM / DD / YYYY

Date

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 22C-2.

If you checked 17b, fill out Form 22C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

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Fill in this information to identify your case:

Debtor 1 **Leroy Moore**  
First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **Southern District of Ohio**

Case number  
 (If known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 22C-2

### Chapter 13 Calculation of Your Disposable Income

12/14

To fill out this form, you will need your completed copy of *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period* (Official Form 22C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 22C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 22C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. **The number of people used in determining your deductions from income**

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

1

**National Standards** You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ 585.00

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

Debtor 1

**Leroy Moore**

First Name

Middle Name

Last Name

Case number (if known)

**People who are under 65 years of age**7a. Out-of-pocket health care allowance per person \$ 60.007b. Number of people who are under 65 X 1

7c. Subtotal. Multiply line 7a by line 7b.

\$ 60.00Copy line  
7c here →\$ 60.00**People who are 65 years of age or older**7d. Out-of-pocket health care allowance per person \$ 144.007e. Number of people who are 65 or older X 0

7f. Subtotal. Multiply line 7d by line 7e.

\$ 0.00Copy line  
7f here →+ \$ 0.007g. **Total.** Add lines 7c and 7f.....\$ 60.00Copy total  
here →

..... 7g.

\$ 60.00**Local Standards**

You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities – Insurance and operating expenses
- Housing and utilities – Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities – Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ 440.00

9. **Housing and utilities – Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$ 977.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor	Average monthly payment
_____	\$ _____
_____	\$ _____
_____	+

9b. Total average monthly payment ..... \$ 0.00

Copy line  
9b here →- \$ 0.00Repeat this amount  
on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (*total average monthly payment*) from line 9a (*mortgage or rent expense*). If this number is less than \$0, enter \$0.

\$ 977.00

Copy 9c here →

\$ 977.00

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. \$ 0.00

Explain why: \_\_\_\_\_

\_\_\_\_\_

Debtor 1

**Leroy Moore**

First Name

Middle Name

Last Name

Case number (if known)

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

- ☐ 0. Go to line 14.  
☒ 1. Go to line 12.  
☐ 2 or more. Go to line 12

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area.

\$ **212.00**

13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1	Describe Vehicle 1:
	2014 Hyundai Sonata

13a. Ownership or leasing costs using IRS Local Standard 13a. \$ **517.00**

13b. Average monthly payment for all debts secured by Vehicle 1.  
Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1	Average monthly payment
GM Financial	\$ <b>400.00</b>

Copy 13b here →

— \$ **400.00** Repeat this amount on line 33b.

13c. Net Vehicle 1 ownership or lease expense

Subtract line 13b from line 13a. If this number is less than \$0, enter \$0. 13c.

\$ **117.00**

Copy net Vehicle 1 expense here →

\$ **117.00**

Vehicle 2	Describe Vehicle 2:

13d. Ownership or leasing costs using IRS Local Standard 13d. \$ **0.00**

13e. Average monthly payment for all debts secured by Vehicle 2.  
Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment
	\$ <b>0.00</b>

Copy here →

— \$ **0.00** Repeat this amount on line 33c.

13f. Net Vehicle 2 ownership or lease expense

Subtract line 13e from 13d. If this number is less than \$0, enter \$0. 13f.

\$ **0.00**

Copy net Vehicle 2 expense here →

\$ **0.00**

14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation.

\$ **0.00**

15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*.

\$ **0.00**



Debtor 1

**Leroy Moore**

First Name

Middle Name

Last Name

Case number (if known)

**Other Necessary Expenses**

In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. \$ 308.73  
Do not include real estate, sales, or use taxes.
17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. \$ 0.00  
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.
18. **Life insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. \$ 0.00  
Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.
19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. \$ 0.00  
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.
20. **Education:** The total monthly amount that you pay for education that is either required: \$ 0.00  
☒ as a condition for your job, or  
☒ for your physically or mentally challenged dependent child if no public education is available for similar services.
21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. \$ 0.00  
Do not include payments for any elementary or secondary school education.
22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. \$ 96.51  
Payments for health insurance or health savings accounts should be listed only in line 25.
23. **Optional telephones and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. + \$ 0.00  
Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 22C-1, or any amount you previously deducted.
24. **Add all of the expenses allowed under the IRS expense allowances.** \$ 2,796.24  
Add lines 6 through 23.

**Additional Expense Deductions**

These are additional deductions allowed by the Means Test.

Note: Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.
- |                        |      |                  |                  |
|------------------------|------|------------------|------------------|
| Health insurance       | \$   | <u>191.14</u>    |                  |
| Disability insurance   | \$   | <u>0.00</u>      |                  |
| Health savings account | + \$ | <u>0.00</u>      |                  |
| <b>Total</b>           |      | \$ <u>191.14</u> | \$ <u>191.14</u> |
- Do you actually spend this total amount?
- ☐ No. How much do you actually spend? \$ 0.00
- ☒ Yes
26. **Continuing contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. \$ 0.00
27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. \$ 0.00  
By law, the court must keep the nature of these expenses confidential.

Debtor 1

**Leroy Moore**

First Name

Middle Name

Last Name

Case number (if known)

28. **Additional home energy costs.** Your home energy costs are included in your non-mortgage housing and utilities allowance on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in the non-mortgage housing and utilities allowance, then fill in the excess amount of home energy costs.

\$ 0.00

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$156.25\* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.

\$ 0.00

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

\* Subject to adjustment on 4/01/16, and every 3 years after that for cases begun on or after the date of adjustment.

30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.

\$ 0.00

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)3 and (4).

+ 0.00

Do not include any amount more than 15% of your gross monthly income.

32. **Add all of the additional expense deductions.**

Add lines 25 through 31.

\$ 191.14

### Deductions for Debt Payment

33. **For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33g.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Average monthly  
payment

#### Mortgages on your home

33a. Copy line 9b here ..... → \$ 0.00

#### Loans on your first two vehicles

33b. Copy line 13b here ..... → \$ 400.00

33c. Copy line 13e here ..... → \$ 0.00

Name of each creditor for other  
secured debt

Identify property that secures  
the debt

Does payment  
include taxes  
or insurance?

33d. GM Financial Automobile (1)

☒ No \$ 400.00

☐ Yes

33e. \_\_\_\_\_

☐ No \$ \_\_\_\_\_

☐ Yes

33f. \_\_\_\_\_

☐ No + \$ \_\_\_\_\_

☐ Yes

33g. Total average monthly payment. Add lines 33a through 33f. .... \$ 400.00

Copy total  
here →

\$ 400.00

Debtor 1

**Leroy Moore**

First Name

Middle Name

Last Name

Case number (if known)

**34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?**

No. Go to line 35.

Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
_____	_____	\$ _____ ÷ 60 =	\$ _____
_____	_____	\$ _____ ÷ 60 =	\$ _____
_____	_____	\$ _____ ÷ 60 = + \$ _____	

Total

\$ **0.00**Copy  
total  
here →\$ **0.00****35. Do you owe any priority claims—such as a priority tax, child support, or alimony—that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.**

No. Go to line 36.



Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims. .... \$ **0.00** ÷ 60 \$ **0.00****36. Projected monthly Chapter 13 plan payment**\$ **40.89**

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

X **5.4%**

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

\$ **40.89**Copy  
total  
here →\$ **40.89**

Average monthly administrative expense

**37. Add all of the deductions for debt payment. Add lines 33g through 36.**\$ **440.89****Total Deductions from Income****38. Add all of the allowed deductions.**Copy line 24, All of the expenses allowed under IRS expense allowances..... \$ **2,796.24**Copy line 32, All of the additional expense deductions..... \$ **191.14**Copy line 37, All of the deductions for debt payment..... + \$ **440.89**

Total deductions

\$ **3,428.27**Copy  
total  
here →\$ **3,428.27**

Debtor 1

**Leroy Moore**

First Name

Middle Name

Last Name

Case number (if known)

**Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)**39. **Copy your total current monthly income from line 14 of Form 22C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period.** \$ 4,144.6540. **Fill in any reasonably necessary income you receive for support for dependent children.**

The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 22C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child.

\$ 0.0041. **Fill in all qualified retirement deductions.** The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19).\$ 0.0042. **Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A).** Copy line 38 here ➔ \$ 3,428.2743. **Deduction for special circumstances.** If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.

Describe the special circumstances

Amount of expense

43a. \_\_\_\_\_ \$ \_\_\_\_\_

43b. \_\_\_\_\_ \$ \_\_\_\_\_

43c. \_\_\_\_\_ + \$ \_\_\_\_\_

43d. **Total.** Add lines 43a through 43c. \_\_\_\_\_ \$ 0.00Copy 43d  
here ➔+ \$ 0.0044. **Total adjustments.** Add lines 40 and 43d. \_\_\_\_\_ ➔ \$ 3,428.27 Copy total  
here ➔ - \$ 3,428.2745. **Calculate your monthly disposable income under § 1325(b)(2).** Subtract line 44 from line 39.\$ 716.38**Part 3: Change in Income or Expenses**46. **Change in income or expenses.** If the income in Form 22C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 22C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
<input type="checkbox"/> 22C-1	_____	_____	_____	<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 22C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 22C-1	_____	_____	_____	<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 22C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 22C-1	_____	_____	_____	<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 22C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 22C-1	_____	_____	_____	<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 22C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____

Debtor 1

**Leroy Moore**

First Name

Middle Name

Last Name

Case number (if known)

## Part 4:

## Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

**/s/ Leroy Moore**

Signature of Debtor 1



Signature of Debtor 2

Date **November 30, 2015**

MM / DD / YYYY

Date

MM / DD / YYYY

IN RE:

Case No. \_\_\_\_\_

Moore, Leroy

Chapter 13

Debtor(s)

### SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 0.00		
B - Personal Property	Yes	3	\$ 42,911.40		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 24,000.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	19		\$ 21,702.94	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	3			\$ 3,548.27
J - Current Expenditures of Individual Debtor(s)	Yes	3			\$ 2,513.27
TOTAL		35	\$ 42,911.40	\$ 45,702.94	

IN RE:

Case No. \_\_\_\_\_

Moore, Leroy

Chapter 13

Debtor(s)

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
<b>TOTAL</b>	<b>\$ 0.00</b>

**State the following:**

Average Income (from Schedule I, Line 12)	\$ 3,548.27
Average Expenses (from Schedule J, Line 22)	\$ 2,513.27
Current Monthly Income (from Form 22A-1 Line 11; <b>OR</b> , Form 22B Line 14; <b>OR</b> , Form 22C-1 Line 14 )	\$ 4,144.65

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 21,702.94
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 21,702.94

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor’s own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an “H,” “W,” “J,” or “C” in the column labeled “Husband, Wife, Joint, or Community.” If the debtor holds no interest in real property, write “None” under “Description and Location of Property.”

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write “None” in the column labeled “Amount of Secured Claim.”

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				
TOTAL			0.00	

(Report also on Summary of Schedules)



SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		Cash on Hand		156.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking Account with Fifth Third		25.00
		Checking account with PNC		165.00
		Savings Account with PNC		100.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, include audio, video, and computer equipment.		Household goods and furnishings		2,000.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Wearing Apparel		300.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Term Life Insurance through Primerica -- no cash surrender value -- Beneficiaries are debtor's children		0.00
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		Deferred compensation through current employer		2,300.00
		OPERS through current employer		13,865.40
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

IN RE Moore, Leroy

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>2014 Hyundai Sonata -- acquired on 08/05/2014</b>		<b>24,000.00</b>
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			

IN RE Moore, Leroy

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			
<b>TOTAL</b>				<b>42,911.40</b>

\_\_\_\_ 0 continuation sheets attached

(Include amounts from any continuation sheets attached.  
Report total also on Summary of Schedules.)

IN RE Moore, Leroy

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor elects the exemptions to which debtor is entitled under:

☐ Check if debtor claims a homestead exemption that exceeds \$155,675. \*

(Check one box)

☐ 11 U.S.C. § 522(b)(2)☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<b><u>SCHEDULE B - PERSONAL PROPERTY</u></b>			
Cash on Hand	R.C. § 2329.66(A)(3)	156.00	156.00
Checking Account with Fifth Third	R.C. § 2329.66(A)(3)	25.00	25.00
Checking account with PNC	R.C. § 2329.66(A)(3)	165.00	165.00
Savings Account with PNC	R.C. § 2329.66(A)(3)	100.00	100.00
Household goods and furnishings	R.C. § 2329.66(A)(4)(a)	2,000.00	2,000.00
Wearing Apparel	R.C. § 2329.66(A)(4)(a)	300.00	300.00
Deferred compensation through current employer	R.C. § 2329.66(A)(10)(a)	2,300.00	2,300.00
OPERS through current employer	R.C. § 2329.66(A)(10)(a)	13,865.40	13,865.40
2014 Hyundai Sonata -- acquired on 08/05/2014	R.C. § 2329.66(A)(2)	3,675.00	24,000.00

\* Amount subject to adjustment on 4/1/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor;" include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. <b>GM Financial</b> <b>PO Box 181145</b> <b>Arlington, TX 76096</b>		<b>Vehicle loan on 2014 Hyundai Sonata -- Acquired on 08/05/2014</b>				<b>24,000.00</b>	
		VALUE \$ <b>24,000.00</b>					
ACCOUNT NO. <b>Americredit</b> <b>PO Box 181145</b> <b>Arlington, TX 76096</b>		<b>Assignee or other notification for: GM Financial</b>					
		VALUE \$					
ACCOUNT NO. <b>Americredit</b> <b>PO Box 182673</b> <b>Arlington, TX 76096</b>		<b>Assignee or other notification for: GM Financial</b>					
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
Subtotal (Total of this page)						\$ <b>24,000.00</b>	\$
Total (Use only on last page)						\$ <b>24,000.00</b>	\$

0 continuation sheets attached

(Report also on  
Summary of  
Schedules.)

(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

Debtor(s)

Case No.

(If known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

1 continuation sheets attached

IN RE Moore, Leroy

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
**(Continuation Sheet)****Taxes and Other Certain Debts Owed to Governmental Units**

(Type of Priority for Claims Listed on This Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions above.)	CODEBTR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. <b>Office Of The Ohio Attorney General Collections Enforcement Section 150 E Gay Street Columbus, OH 43215</b>		<b>Delinquent Income Tax -- notice of BK filing</b>				<b>unknown</b>		
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								
Sheet no. <u>1</u> of <u>1</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims						Subtotal (Totals of this page)	\$	\$
(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)						Total	\$	
(Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)						Total		\$

IN RE Moore, Leroy

Debtor(s)

Case No.

(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Ace Cash Express</b> <b>2529 W Schrock Road</b> <b>Westerville, OH 43081</b>		<b>Misc. Debt</b>				<b>1,099.92</b>
ACCOUNT NO. <b>Ace Cash</b> <b>1231 Greenway Dr., Suite 600</b> <b>Irving, TX 75038</b>		<b>Assignee or other notification for:</b> <b>Ace Cash Express</b>				
ACCOUNT NO. <b>Ace Cash Express</b> <b>19 South Sandusky Street</b> <b>Delaware, OH 43015-2326</b>		<b>Assignee or other notification for:</b> <b>Ace Cash Express</b>				
ACCOUNT NO. <b>Ace Cash Express</b> <b>668 7th Street West</b> <b>Saint Paul, MN 55118</b>		<b>Assignee or other notification for:</b> <b>Ace Cash Express</b>				

18 continuation sheets attached

Subtotal  
(Total of this page) \$ **1,099.92**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$



IN RE **Moore, Leroy**

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Ace Cash Express</b> <b>5206 East Main St</b> <b>Whitehall, OH 43213</b>		<b>Assignee or other notification for:</b> <b>Ace Cash Express</b>				
ACCOUNT NO. <b>Always Payday</b> <b>PO Box 4058</b> <b>Dublin, OH 43016-0557</b>		<b>Misc. Debt</b>				<b>484.00</b>
ACCOUNT NO. <b>Always Payday</b> <b>4506 Cemetery Rd.</b> <b>Hilliard, OH 43026</b>		<b>Assignee or other notification for:</b> <b>Always Payday</b>				
ACCOUNT NO. <b>Always Payday</b> <b>2260 S. Hamilton Road</b> <b>Columbus, OH 43232</b>		<b>Assignee or other notification for:</b> <b>Always Payday</b>				
ACCOUNT NO. <b>Always Payday</b> <b>1717 W. 5th Avenue</b> <b>Columbus, OH 43212</b>		<b>Assignee or other notification for:</b> <b>Always Payday</b>				
ACCOUNT NO. <b>Always Payday</b> <b>P.O. Box 12332</b> <b>Columbus, OH 43212</b>		<b>Assignee or other notification for:</b> <b>Always Payday</b>				
ACCOUNT NO. <b>Always Payday Loans</b> <b>1980 Hard Road</b> <b>Columbus, OH 43235</b>		<b>Assignee or other notification for:</b> <b>Always Payday</b>				

Sheet no. 1 of 18 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **484.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

Total  
\$

IN RE Moore, Leroy

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Biery &amp; Paulette</b> <b>4100 Quarles Ct.</b> <b>Harrisonburg, VA 22801</b>		<b>Misc. Debt</b>				<b>612.28</b>
ACCOUNT NO. <b>Professional Collection Service, LLC</b> <b>PO Box 347</b> <b>Harrisonburg, VA 22803-0347</b>		<b>Assignee or other notification for:</b> <b>Biery &amp; Paulette</b>				
ACCOUNT NO. <b>Capital One Auto Finance</b> <b>PO Box 259407</b> <b>Plano, TX 75025-9407</b>		<b>Notice of BK Filing</b>				<b>unknown</b>
ACCOUNT NO. <b>Capital One Auto Finance</b> <b>7933 Preston Road</b> <b>Plano, TX 75024</b>		<b>Assignee or other notification for:</b> <b>Capital One Auto Finance</b>				
ACCOUNT NO. <b>Capital One Auto Finance</b> <b>PO Box 30253</b> <b>Salt Lake City, UT 84130</b>		<b>Assignee or other notification for:</b> <b>Capital One Auto Finance</b>				
ACCOUNT NO. <b>Capital One Bank US SA N A</b> <b>PO Box 60599</b> <b>City Of Industry, CA 91716</b>		<b>Misc. Debt</b>				<b>708.00</b>
ACCOUNT NO. <b>Capital One Bank USA NA</b> <b>PO Box 30281</b> <b>Salt Lake City, UT 84130</b>		<b>Assignee or other notification for:</b> <b>Capital One Bank US SA N A</b>				

Sheet no. 2 of 18 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **1,320.28**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Moore, Leroy

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Capital One Bank US SA N A</b> <b>PO Box 60599</b> <b>City Of Industry, CA 91716</b>		<b>Assignee or other notification for:</b> <b>Capital One Bank US SA N A</b>				
ACCOUNT NO. <b>Capital One Bank (USA) NA</b> <b>5100 Peachtree Indust Blvd</b> <b>Norcross, GA 30071</b>		<b>Assignee or other notification for:</b> <b>Capital One Bank US SA N A</b>				
ACCOUNT NO. <b>Portfolio Recovery</b> <b>120 Corporate Blvd - Suite 100</b> <b>Norfolk, VA 23502</b>		<b>Assignee or other notification for:</b> <b>Capital One Bank US SA N A</b>				
ACCOUNT NO. <b>Cascade Receivable Management</b> <b>101 2nd Street Suite #100</b> <b>Petaluma, CA 94952</b>		<b>misc. debt</b>				<b>unknown</b>
ACCOUNT NO. <b>Cashland Financial Services</b> <b>17 Triangle Park Drive</b> <b>Cincinnati, OH 45246</b>		<b>Judgment -- Case No. 2008 CVF 031180 -- Franklin</b> <b>County Municipal Court</b>				<b>502.86</b>
ACCOUNT NO. <b>Chase Auto Finance</b> <b>P.O. Box 9001937</b> <b>Louisville, KY 40290-1937</b>		<b>Notice of BK Filing</b>				<b>unknown</b>
ACCOUNT NO. <b>Chase Auto Finance</b> <b>P.O. Box 901076</b> <b>Fort Worth, TX 76101</b>		<b>Assignee or other notification for:</b> <b>Chase Auto Finance</b>				

Sheet no. 3 of 18 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **502.86**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Moore, Leroy

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Chase Auto Finance</b> <b>P.O. Box 901003</b> <b>Fort Worth, TX 76101-2003</b>		<b>Assignee or other notification for:</b> <b>Chase Auto Finance</b>				
ACCOUNT NO. <b>Check N Go</b> <b>706 Belrock Avenue</b> <b>Belpre, OH 45714</b>		<b>Misc. Debt</b>				<b>1,875.00</b>
ACCOUNT NO. <b>Check N Go</b> <b>7755 Montgomery Road</b> <b>Cincinnati, OH 45236</b>		<b>Assignee or other notification for:</b> <b>Check N Go</b>				
ACCOUNT NO. <b>Check N Go</b> <b>4540 Cooper Road, Suite 200</b> <b>Cincinnati, OH 45242</b>		<b>Assignee or other notification for:</b> <b>Check N Go</b>				
ACCOUNT NO. <b>Check N Go</b> <b>1947 E. Dublin Granville Rd.</b> <b>Columbus, OH 43229</b>		<b>Assignee or other notification for:</b> <b>Check N Go</b>				
ACCOUNT NO. <b>Check N Go</b> <b>Collections Dept.</b> <b>100 Commercial Drive</b> <b>Fairfield, OH 45014</b>		<b>Assignee or other notification for:</b> <b>Check N Go</b>				
ACCOUNT NO. <b>Ohio Specialty Finance Inc</b> <b>DBA Check N Go</b> <b>4540 Cooper Road, Suite 200</b> <b>Cincinnati, OH 45242</b>		<b>Assignee or other notification for:</b> <b>Check N Go</b>				

Sheet no. 4 of 18 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **1,875.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Moore, Leroy

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>United Debt Holdings, LLC</b> <b>4833 Front St. Unit B#243</b> <b>Castle Rock, CO 80104</b>		<b>Assignee or other notification for:</b> <b>Check N Go</b>				
ACCOUNT NO. <b>Checksmart</b> <b>2013 Zettler Center Drive</b> <b>Columbus, OH 43223</b>		<b>Misc. Debt</b>				<b>557.00</b>
ACCOUNT NO. <b>Cashland</b> <b>5600 Cleveland Ave</b> <b>Columbus, OH 43231-4059</b>		<b>Assignee or other notification for:</b> <b>Checksmart</b>				
ACCOUNT NO. <b>Cashland</b> <b>4499 Refugee Rd.</b> <b>Columbus, OH 43232</b>		<b>Assignee or other notification for:</b> <b>Checksmart</b>				
ACCOUNT NO. <b>Cashland</b> <b>2228 Stringtown Road</b> <b>Grove City, OH 43123</b>		<b>Assignee or other notification for:</b> <b>Checksmart</b>				
ACCOUNT NO. <b>Cashland</b> <b>1154 N. 21st Street</b> <b>Newark, OH 43055</b>		<b>Assignee or other notification for:</b> <b>Checksmart</b>				
ACCOUNT NO. <b>Columbia Gas</b> <b>PO Box 742510</b> <b>Cincinnati, OH 45274-2510</b>		<b>Notice of BK Filing</b>				<b>unknown</b>

Sheet no. 5 of 18 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **557.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

Total  
\$

IN RE Moore, Leroy

Debtor(s)

Case No.

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Columbia Gas</b> <b>P.O. Box 16581</b> <b>Columbus, OH 43216-6581</b>		<b>Assignee or other notification for:</b> <b>Columbia Gas</b>				
ACCOUNT NO. <b>Columbia Gas</b> <b>PO Box 2318</b> <b>Columbus, OH 43216</b>		<b>Assignee or other notification for:</b> <b>Columbia Gas</b>				
ACCOUNT NO. <b>Columbus Check Cashers Inc.</b> <b>Db a Columbus Check Cashers</b> <b>777 E. Fifth Ave</b> <b>Columbus, OH 43201</b>		<b>Judgment -- Franklin County Municipal Court --</b> <b>Case No. 2013 CVI 003903</b>				<b>515.00</b>
ACCOUNT NO. <b>Comfort Dental</b> <b>4693 Morse Road</b> <b>Gahanna, OH 43230</b>		<b>Misc. Debt</b>				<b>658.80</b>
ACCOUNT NO. <b>Comfort Dental</b> <b>2196 Stringtown Rd.</b> <b>Grove City, OH 43123</b>		<b>Assignee or other notification for:</b> <b>Comfort Dental</b>				
ACCOUNT NO. <b>Comfort Dental</b> <b>1179 Columbus Pike</b> <b>Delaware, OH 43015-2713</b>		<b>Assignee or other notification for:</b> <b>Comfort Dental</b>				
ACCOUNT NO. <b>Consumer Portfolio Services</b> <b>PO Box 57071</b> <b>Irvine, CA 92619</b>		<b>Notice of BK Filing</b>				<b>unknown</b>

Sheet no. 6 of 18 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **1,173.80**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Moore, Leroy

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Consumer Portfolio Services</b> <b>5181 Natopr Blvd</b> <b>Cincinnati, OH 45249-7367</b>		<b>Assignee or other notification for:</b> <b>Consumer Portfolio Services</b>				
ACCOUNT NO. <b>Credit One Bank</b> <b>P O Box 98873</b> <b>Las Vegas, NV 89193-8673</b>		<b>Misc. Debt</b>				<b>706.44</b>
ACCOUNT NO. <b>Financial Recovery Services, Inc</b> <b>Po Box 385908</b> <b>Minneapolis, MN 55438</b>		<b>Assignee or other notification for:</b> <b>Credit One Bank</b>				
ACCOUNT NO. <b>LVNV Funding</b> <b>PO Box 10497</b> <b>Greenville, SC 29603</b>		<b>Assignee or other notification for:</b> <b>Credit One Bank</b>				
ACCOUNT NO. <b>Credit One Bank</b> <b>PO Box 60500</b> <b>City Of Industry, CA 91716-0500</b>		<b>Assignee or other notification for:</b> <b>Credit One Bank</b>				
ACCOUNT NO. <b>Credit One Bank</b> <b>3820 North Louise Ave</b> <b>Sioux Falls, SD 57107</b>		<b>Assignee or other notification for:</b> <b>Credit One Bank</b>				
ACCOUNT NO. <b>Critical Care Transport Inc.</b> <b>PO Box 360912</b> <b>Columbus, OH 43236</b>		<b>misc. debt</b>				<b>unknown</b>

Sheet no. 7 of 18 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **706.44**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Moore, Leroy

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Critical Care Transport Inc.</b> <b>PO Box 360912</b> <b>Columbus, OH 43236</b>		<b>Assignee or other notification for:</b> <b>Critical Care Transport Inc.</b>				
ACCOUNT NO. <b>Douglas A. Katula, MD LLC</b> <b>7277 Smiths Mill Road Suite 250</b> <b>New Albany, OH 43054</b>		<b>misc. debt</b>				<b>36.12</b>
ACCOUNT NO. <b>Fifth Third Bank</b> <b>P.O. Box 997548</b> <b>Sacramento, CA 95899-7548</b>		<b>Misc. Debt</b>				<b>3,870.03</b>
ACCOUNT NO. <b>Fifth Third Bank</b> <b>5050 Kingsley Drive</b> <b>Cincinnati, OH 45263</b>		<b>Assignee or other notification for:</b> <b>Fifth Third Bank</b>				
ACCOUNT NO. <b>Fifth Third Bank</b> <b>Fifth Third Center</b> <b>Cincinnati, OH 45263</b>		<b>Assignee or other notification for:</b> <b>Fifth Third Bank</b>				
ACCOUNT NO. <b>Fifth Third Bank</b> <b>PO Box 630900</b> <b>Cincinnati, OH 45263</b>		<b>Assignee or other notification for:</b> <b>Fifth Third Bank</b>				
ACCOUNT NO. <b>Fixari Family Dental</b> <b>4241 Kimberly Pkwy</b> <b>Columbus, OH 43232-7225</b>		<b>Misc. Debt</b>				<b>57.40</b>

Sheet no. 8 of 18 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
 (Total of this page) \$ **3,963.55**

Total  
 (Use only on last page of the completed Schedule F. Report also on  
 the Summary of Schedules, and if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.) \$



IN RE Moore, Leroy

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.  <b>Immediate Health Associates</b> <b>PO Box 712570</b> <b>Cincinnati, OH 45271</b>		<b>Misc. Debt</b>				<b>63.80</b>
ACCOUNT NO.  <b>Immediate Health Associates</b> <b>PO Box 771847</b> <b>Detroit, MI 48277-1847</b>		<b>Assignee or other notification for:</b> <b>Immediate Health Associates</b>				
ACCOUNT NO.  <b>Immediate Health Associates</b> <b>575 Copeland Mill Rd., Suite 1D</b> <b>Westerville, OH 43081</b>		<b>Assignee or other notification for:</b> <b>Immediate Health Associates</b>				
ACCOUNT NO.  <b>LabCorp.</b> <b>PO Box 2240</b> <b>Burlington, NC 27216-2240</b>		<b>Misc. Debt</b>				<b>166.43</b>
ACCOUNT NO.  <b>Lab Corporation Of America Holding</b> <b>Po Box 2240</b> <b>Burlington, NC 27216-2240</b>		<b>Assignee or other notification for:</b> <b>LabCorp.</b>				
ACCOUNT NO.  <b>Credit Collection Services</b> <b>PO Box 9136</b> <b>Needham, MA 02494-9133</b>		<b>Assignee or other notification for:</b> <b>LabCorp.</b>				
ACCOUNT NO.  <b>AMCA</b> <b>Rep For Lab Corp.</b> <b>4 Westchester Plaza, Building 4</b> <b>Elmsford, NY 10523</b>		<b>Assignee or other notification for:</b> <b>LabCorp.</b>				

Sheet no. 9 of 18 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **230.23**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Moore, Leroy

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>American Medical Collection Agency Rep For Various Creditors 2269 S. Sawmill River Road, Bldg 3 Elmsford, NY 10523</b>		<b>Assignee or other notification for: LabCorp.</b>				
ACCOUNT NO. <b>AMCA Collection Agency PO Box 1235 Elmsford, NY 10523</b>		<b>Assignee or other notification for: LabCorp.</b>				
ACCOUNT NO. <b>Laboratory Corporation Of America PO Box 2240 Burlington, NC 27216-2240</b>		<b>Misc. Debt</b>				<b>83.00</b>
ACCOUNT NO. <b>Laboratory Corporation Of America 508 South Lexington Avenue Burlington, NC 27215</b>		<b>Assignee or other notification for: Laboratory Corporation Of America</b>				
ACCOUNT NO. <b>American Medical Collection Agency 4 Westchester Plaza Elmsford, NY 10523</b>		<b>Assignee or other notification for: Laboratory Corporation Of America</b>				
ACCOUNT NO. <b>Lend Me Now 100 Schoolhouse Canyon Rd. Santa Ysabel, CA 92070</b>		<b>misc. debt</b>				<b>unknown</b>
ACCOUNT NO. <b>Midland Credit Management PO Box 60578 Los Angeles, CA 90060-0578</b>		<b>misc. debt</b>				<b>unknown</b>

Sheet no. 10 of 18 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **83.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Moore, Leroy

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Midland Credit Management</b> <b>Rep For Various Creditors</b> <b>8875 Aero Dr, Ste 200</b> <b>San Diego, CA 92123</b>		<b>Assignee or other notification for:</b> <b>Midland Credit Management</b>				
ACCOUNT NO. <b>Mobilex USA</b> <b>PO Box 17452</b> <b>Baltimore, MD 21297</b>		<b>misc. debt</b>				<b>408.50</b>
ACCOUNT NO. <b>Mobilex USA</b> <b>930 Ridgebrook Road</b> <b>Sparks, MD 21152</b>		<b>Assignee or other notification for:</b> <b>Mobilex USA</b>				
ACCOUNT NO. <b>Mount Carmel Medical Group</b> <b>PO Box 951464</b> <b>Cleveland, OH 44193</b>		<b>Misc. Debt</b>				<b>915.17</b>
ACCOUNT NO. <b>Mount Carmel Medical Group</b> <b>PO Box 69</b> <b>Nashport, OH 43830-0069</b>		<b>Assignee or other notification for:</b> <b>Mount Carmel Medical Group</b>				
ACCOUNT NO. <b>JP Recovery Services</b> <b>PO Box 16749</b> <b>Rocky River, OH 44116-0749</b>		<b>Assignee or other notification for:</b> <b>Mount Carmel Medical Group</b>				
ACCOUNT NO. <b>Mountain View Dental Team</b> <b>4100 Quarles Court</b> <b>Harrisonburg, VA 22801</b>		<b>misc. debt</b>				<b>300.00</b>

Sheet no. 11 of 18 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **1,623.67**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Moore, Leroy

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>National Check Cashers</b> <b>PO Box 12699</b> <b>Columbus, OH 43212</b>		<b>Notice of BK Filing</b>				<b>unknown</b>
ACCOUNT NO. <b>National Check Cashers</b> <b>PO Box 4057</b> <b>Dublin, OH 43016</b>		<b>Assignee or other notification for:</b> <b>National Check Cashers</b>				
ACCOUNT NO. <b>National Check Cashers</b> <b>2440 Dublin-Granville Rd</b> <b>Columbus, OH 43229</b>		<b>Assignee or other notification for:</b> <b>National Check Cashers</b>				
ACCOUNT NO. <b>National Check Cashers</b> <b>2365 Hamilton Road</b> <b>Columbus, OH 43232</b>		<b>Assignee or other notification for:</b> <b>National Check Cashers</b>				
ACCOUNT NO. <b>NCP Finance Ohio, LLC</b> <b>205 Sugar Camp Circle</b> <b>Dayton, OH 45409-1970</b>		<b>Misc. Debt</b>				<b>1,600.00</b>
ACCOUNT NO. <b>NCP Finance Ohio, LLC</b> <b>4757 West Broad Street</b> <b>Columbus, OH 43228</b>		<b>Assignee or other notification for:</b> <b>NCP Finance Ohio, LLC</b>				
ACCOUNT NO. <b>Orchard Bank</b> <b>P.O. Box 5222</b> <b>Carol Stream, IL 60197-5222</b>		<b>Misc. Debt</b>				<b>536.23</b>

Sheet no. 12 of 18 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **2,136.23**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Moore, Leroy

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>HSBC Card Services</b> <b>PO Box 5222</b> <b>Carol Stream, IL 60197</b>		<b>Assignee or other notification for:</b> <b>Orchard Bank</b>				
ACCOUNT NO. <b>Portfolio Recovery</b> <b>Rep For HSBC Bank</b> <b>120 Corporate Blvd - Suite 100</b> <b>Norfolk, VA 23502</b>		<b>Assignee or other notification for:</b> <b>Orchard Bank</b>				
ACCOUNT NO. <b>OSU Health System Anesthesia Services</b> <b>PO Box 711823</b> <b>Columbus, OH 43271-1823</b>		<b>misc. debt</b>				<b>218.25</b>
ACCOUNT NO. <b>OSU Medical Center</b> <b>410 W. 10th Ave</b> <b>Columbus, OH 43210</b>		<b>Misc. Debt</b>				<b>4,769.81</b>
ACCOUNT NO. <b>OSU Medical Center</b> <b>PO Box 643684</b> <b>Pittsburgh, PA 15264-3684</b>		<b>Assignee or other notification for:</b> <b>OSU Medical Center</b>				
ACCOUNT NO. <b>OSU Medical Center</b> <b>PO Box 183102</b> <b>Columbus, OH 43218-3102</b>		<b>Assignee or other notification for:</b> <b>OSU Medical Center</b>				
ACCOUNT NO. <b>Law Offices Of Robert A. Schuerger Co</b> <b>Rep For OSU Medical Center</b> <b>81 South Fifth Street, Suite 400</b> <b>Columbus, OH 43215-4323</b>		<b>Assignee or other notification for:</b> <b>OSU Medical Center</b>				

Sheet no. 13 of 18 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **4,988.06**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Moore, Leroy

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>OSU Medical Center</b> <b>410 W. 10th Ave</b> <b>Columbus, OH 43210</b>		<b>Assignee or other notification for:</b> <b>OSU Medical Center</b>				
ACCOUNT NO. <b>OSU Medical Center</b> <b>PO Box 183102</b> <b>Columbus, OH 43218-3102</b>		<b>Assignee or other notification for:</b> <b>OSU Medical Center</b>				
ACCOUNT NO. <b>OSU Physicans, Inc.</b> <b>PO Box 740727</b> <b>Cincinnati, OH 45274</b>		<b>misc. debt</b>				<b>unknown</b>
ACCOUNT NO. <b>OSU Physicians</b> <b>PO BOX 740727</b> <b>Cincinnati, OH 45274-0727</b>		<b>Assignee or other notification for:</b> <b>OSU Physicans, Inc.</b>				
ACCOUNT NO. <b>OSU Physicians</b> <b>700 Ackerman Road, Suite 630</b> <b>Columbus, OH 43202</b>		<b>Assignee or other notification for:</b> <b>OSU Physicans, Inc.</b>				
ACCOUNT NO. <b>PNC Bank</b> <b>620 Liberty Avenue</b> <b>Pittsburgh, PA 15222</b>		<b>Notice of BK Filing</b>				<b>unknown</b>
ACCOUNT NO. <b>PNC Bank</b> <b>PO Box 609</b> <b>Pittsburgh, PA 15230-9738</b>		<b>Assignee or other notification for:</b> <b>PNC Bank</b>				

Sheet no. 14 of 18 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Moore, Leroy

Debtor(s)

Case No.

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>PNC Bank</b> <b>PO Box 3180</b> <b>Pittsburgh, PA 15222</b>		<b>Assignee or other notification for:</b> <b>PNC Bank</b>				
ACCOUNT NO. <b>PNC Bank</b> <b>2594 E. Main St.</b> <b>Columbus, OH 43209</b>		<b>Assignee or other notification for:</b> <b>PNC Bank</b>				
ACCOUNT NO. <b>Professional Collection Service, LLC</b> <b>PO Box 347</b> <b>Harrisonburg, VA 22803-0347</b>		<b>misc. debt</b>				<b>unknown</b>
ACCOUNT NO. <b>Regional Acceptance Recover</b> <b>1424 E Fire Tower Road</b> <b>Greenville, NC 27858</b>		<b>misc. debt</b>				<b>unknown</b>
ACCOUNT NO. <b>Regional Acceptance Corp.</b> <b>Po Box 277760</b> <b>Sacramento, CA 95827-7760</b>		<b>Assignee or other notification for:</b> <b>Regional Acceptance Recover</b>				
ACCOUNT NO. <b>Regional Acceptance Corp.</b> <b>Po Box 830913</b> <b>Birmingham, AL 35283</b>		<b>Assignee or other notification for:</b> <b>Regional Acceptance Recover</b>				
ACCOUNT NO. <b>Regional Acceptance Corporation</b> <b>1351 East Bardin Road #251</b> <b>Arlington, TX 76018</b>		<b>Assignee or other notification for:</b> <b>Regional Acceptance Recover</b>				

Sheet no. 15 of 18 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Moore, Leroy

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>St Ann's Hospital Business Office 5955 E. Broad Street Columbus, OH 43213</b>		<b>Misc. Debt</b>				<b>600.78</b>
ACCOUNT NO. <b>St Ann's Hospital 500 Cleveland Ave Westerville, OH 43081</b>		<b>Assignee or other notification for: St Ann's Hospital</b>				
ACCOUNT NO. <b>Rossman &amp; Co 5500 New Albany Rd. New Albany, OH 43054</b>		<b>Assignee or other notification for: St Ann's Hospital</b>				
ACCOUNT NO. <b>Rossman &amp; Co PO Box 2051 New Albany, OH 43054</b>		<b>Assignee or other notification for: St Ann's Hospital</b>				
ACCOUNT NO. <b>Time Warner Cable PO Box 2553 Columbus, OH 43216-2553</b>		<b>Misc. Debt</b>				<b>288.12</b>
ACCOUNT NO. <b>Time Warner Cable 60 Columbus Circle New York, NY 10023</b>		<b>Assignee or other notification for: Time Warner Cable</b>				
ACCOUNT NO. <b>Time Warner Cable Processing Center 27 Po Box 55126 Boston, MA 02205-5126</b>		<b>Assignee or other notification for: Time Warner Cable</b>				

Sheet no. 16 of 18 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **888.90**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$



IN RE Moore, Leroy

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Time Warner Cable</b> <b>P.O. Box 0916</b> <b>Carol Stream, IL 60132-0916</b>		<b>Assignee or other notification for:</b> <b>Time Warner Cable</b>				
ACCOUNT NO. <b>United Collection Bureau</b> <b>5620 Southwyck Blvd Suirte 206</b> <b>Toledo, OH 43614</b>		<b>Notice of BK Filing</b>				<b>unknown</b>
ACCOUNT NO. <b>United Collection Bureau, Inc.</b> <b>PO Box 140190</b> <b>Toledo, OH 43614-0190</b>		<b>Assignee or other notification for:</b> <b>United Collection Bureau</b>				
ACCOUNT NO. <b>United Collect Bur Inc</b> <b>PO Box 140190</b> <b>Toledo, OH 43614</b>		<b>Assignee or other notification for:</b> <b>United Collection Bureau</b>				
ACCOUNT NO. <b>US Bank</b> <b>1028 Cleveland Road</b> <b>Sandusky, OH 44870</b>		<b>misc. debt</b>				<b>unknown</b>
ACCOUNT NO. <b>US Bank - Bankruptcy Dept</b> <b>PO Box 5229</b> <b>Cincinnati, OH 45201-5229</b>		<b>Assignee or other notification for:</b> <b>US Bank</b>				
ACCOUNT NO. <b>Westerville Family Physicians</b> <b>444 N Cleveland Ave #200</b> <b>Westerville, OH 43082</b>		<b>Misc. Debt</b>				<b>70.00</b>

Sheet no. 17 of 18 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **70.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Moore, Leroy

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.  <b>Meade &amp; Associates</b> <b>737 Enterprise Drive</b> <b>Westerville, OH 43081-8850</b>			<b>Assignee or other notification for:</b> <b>Westerville Family Physicians</b>				
ACCOUNT NO.  							
ACCOUNT NO.  							
ACCOUNT NO.  							
ACCOUNT NO.  							
ACCOUNT NO.  							
ACCOUNT NO.  							

Sheet no. 18 of 18 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

**21,702.94**

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

**Fill in this information to identify your case:**

Debtor 1 Leroy Moore  
First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of Ohio

Case number  
 (If known) \_\_\_\_\_

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

**Official Form 6I**

**Schedule I: Your Income**

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment**

**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

**Employment status**

☒ Employed  
☐ Not employed

☐ Employed  
☐ Not employed

**Occupation**

Truck Driver

**Employer's name**

Solid Waste Authority Of Central Oh

**Employer's address**

4239 London Groveport Road

Number Street

Number Street

Columbus, OH 43123-0000

City State ZIP Code

City State ZIP Code

**How long employed there?** 11 years

**Part 2: Give Details About Monthly Income**

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

**2. List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 1,911.43

\$ \_\_\_\_\_

**3. Estimate and list monthly overtime pay.**

3. + \$ 0.00

+ \$ \_\_\_\_\_

**4. Calculate gross income.** Add line 2 + line 3.

4. \$ 1,911.43

\$ \_\_\_\_\_

Debtor 1

**Leroy Moore**

First Name

Middle Name

Last Name

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... → 4.	\$ <b>1,911.43</b>	\$ _____
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <b>308.73</b>	\$ _____
5b. Mandatory contributions for retirement plans	5b. \$ <b>0.00</b>	\$ _____
5c. Voluntary contributions for retirement plans	5c. \$ <b>0.00</b>	\$ _____
5d. Required repayments of retirement fund loans	5d. \$ <b>0.00</b>	\$ _____
5e. Insurance	5e. \$ <b>191.14</b>	\$ _____
5f. Domestic support obligations	5f. \$ <b>0.00</b>	\$ _____
5g. Union dues	5g. \$ <b>0.00</b>	\$ _____
5h. Other deductions. Specify: <b>See Schedule Attached</b>	5h. + \$ <b>287.65</b>	+ \$ _____
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ <b>596.38</b>	\$ _____
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ <b>1,315.05</b>	\$ _____
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>0.00</b>	\$ _____
8b. Interest and dividends	8b. \$ <b>0.00</b>	\$ _____
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ _____
8d. Unemployment compensation	8d. \$ <b>0.00</b>	\$ _____
8e. Social Security	8e. \$ <b>0.00</b>	\$ _____
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	\$ <b>0.00</b>	\$ _____
8g. Pension or retirement income	8g. \$ <b>2,233.22</b>	\$ _____
8h. Other monthly income. Specify: _____	8h. + \$ <b>0.00</b>	+ \$ _____
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ <b>2,233.22</b>	\$ _____
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <b>3,548.27</b>	\$ _____
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + \$ <b>0.00</b>	\$ _____
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ <b>3,548.27</b>	\$ <b>3,548.27</b>
Combined monthly income		
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: <b>None</b>		

IN RE Moore, Leroy

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**  
**Continuation Sheet - Page 1 of 1**

	DEBTOR	SPOUSE
Other Payroll Deductions:		
<b>Opers Contribution</b>	<b>191.14</b>	
<b>Aflac Pre Tax</b>	<b>30.90</b>	
<b>Aflac Post Tax</b>	<b>65.61</b>	

Debtor 1 **Leroy Moore**

First Name	Middle Name	Last Name
------------	-------------	-----------

Debtor 2

(Spouse, if filing)

First Name	Middle Name	Last Name
------------	-------------	-----------

United States Bankruptcy Court for the: Southern District of Ohio

Case number \_\_\_\_\_

(If known)

❑ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

## 12/13

## Part 1: Describe Your Household

☐ No  
☐ Yes  
☐ No  
☐ Yes  
☐ No  
☐ Yes  
☐ No  
☐ Yes  
☐ No  
☐ Yes

4d. \$ 0.00



Debtor 1 **Leroy Moore**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Your expenses**

- |  |      |                  |
|--|------|------------------|
| 5. <b>Additional mortgage payments for your residence</b> , such as home equity loans  | 5.   | \$ <u>0.00</u>   |
| <b>6. Utilities:</b>   |      |                  |
| 6a. Electricity, heat, natural gas   | 6a.  | \$ <u>110.00</u> |
| 6b. Water, sewer, garbage collection   | 6b.  | \$ <u>95.00</u>  |
| 6c. Telephone, cell phone, Internet, satellite, and cable services   | 6c.  | \$ <u>129.96</u> |
| 6d. Other. Specify: <u>Natural Gas</u>   | 6d.  | \$ <u>145.00</u> |
| 7. <b>Food and housekeeping supplies</b>   | 7.   | \$ <u>280.00</u> |
| 8. <b>Childcare and children's education costs</b>   | 8.   | \$ <u>0.00</u>   |
| 9. <b>Clothing, laundry, and dry cleaning</b>  | 9.   | \$ <u>95.00</u>  |
| 10. <b>Personal care products and services</b>   | 10.  | \$ <u>85.00</u>  |
| 11. <b>Medical and dental expenses</b>   | 11.  | \$ <u>120.00</u> |
| 12. <b>Transportation.</b> Include gas, maintenance, bus or train fare.<br>Do not include car payments.  | 12.  | \$ <u>210.00</u> |
| 13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>  | 13.  | \$ <u>0.00</u>   |
| 14. <b>Charitable contributions and religious donations</b>  | 14.  | \$ <u>0.00</u>   |
| 15. <b>Insurance.</b><br>Do not include insurance deducted from your pay or included in lines 4 or 20.   |      |                  |
| 15a. Life insurance  | 15a. | \$ <u>61.31</u>  |
| 15b. Health insurance  | 15b. | \$ <u>0.00</u>   |
| 15c. Vehicle insurance   | 15c. | \$ <u>210.00</u> |
| 15d. Other insurance. Specify: _____   | 15d. | \$ <u>0.00</u>   |
| 16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.<br>Specify: _____  | 16.  | \$ <u>0.00</u>   |
| 17. <b>Installment or lease payments:</b>  |      |                  |
| 17a. Car payments for Vehicle 1  | 17a. | \$ <u>0.00</u>   |
| 17b. Car payments for Vehicle 2  | 17b. | \$ <u>0.00</u>   |
| 17c. Other. Specify: _____   | 17c. | \$ <u>0.00</u>   |
| 17d. Other. Specify: _____   | 17d. | \$ <u>0.00</u>   |
| 18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).</b> | 18.  | \$ <u>0.00</u>   |
| 19. <b>Other payments you make to support others who do not live with you.</b><br>Specify: _____   | 19.  | \$ <u>0.00</u>   |
| 20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>   |      |                  |
| 20a. Mortgages on other property   | 20a. | \$ <u>0.00</u>   |
| 20b. Real estate taxes   | 20b. | \$ <u>0.00</u>   |
| 20c. Property, homeowner's, or renter's insurance  | 20c. | \$ <u>0.00</u>   |
| 20d. Maintenance, repair, and upkeep expenses  | 20d. | \$ <u>0.00</u>   |
| 20e. Homeowner's association or condominium dues   | 20e. | \$ <u>0.00</u>   |

Debtor 1

**Leroy Moore**

First Name

Middle Name

Last Name

Case number (if known)

21. **Other.** Specify: \_\_\_\_\_

21. **+\$ 0.00**

22. **Your monthly expenses.** Add lines 4 through 21.

The result is your monthly expenses.

22. **\$ 2,513.27**

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. **\$ 3,548.27**

23b. Copy your monthly expenses from line 22 above.

23b. **-\$ 2,513.27**

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. **\$ 1,035.00**

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

None

IN RE Moore, Leroy

Debtor(s)

Case No. \_\_\_\_\_

(If known)

## DECLARATION CONCERNING DEBTOR'S SCHEDULES

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 37 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: November 30, 2015 Signature: /s/ Leroy Moore  
Leroy Moore

Debtor

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Joint Debtor, if any)  
[If joint case, both spouses must sign.]

### DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

*If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.*

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

### DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor)

*[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]*

*Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.*

Document Page 60 of 80  
**United States Bankruptcy Court**  
**Southern District of Ohio**

IN RE:

Case No. \_\_\_\_\_

Moore, Leroy

Chapter **13**

Debtor(s)

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

*DEFINITIONS*

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101(2),(31).

**1. Income from employment or operation of business**

- None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

**0.00 Income from Employment:**

YTD: \$20,039.51

2014: \$24,183.00

2013: \$21,736.00

**2. Income other than from employment or operation of business**

- None ☐ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

**0.00 Income from OPERS:**

YTD: \$24,565.42

2014: \$27,784.21

2013: \$28,524.00

### 3. Payments to creditors

Complete a. or b., as appropriate, and c.

None ☒ a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,255.\* If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 4. Suits and administrative proceedings, executions, garnishments and attachments

None ☒ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 5. Repossessions, foreclosures and returns

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

Mark Albert Herder, LLC  
1031 East Broad Street  
Columbus, OH 43205

DATE OF PAYMENT, NAME OF  
PAYOR IF OTHER THAN DEBTOR  
30 November 2015

AMOUNT OF MONEY OR DESCRIPTION  
AND VALUE OF PROPERTY  
90.00

Academy Of Financial Literacy

30 November 2015

17.95

**10. Other transfers**

- None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

**11. Closed financial accounts**

- None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**12. Safe deposit boxes**

- None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**13. Setoffs**

- None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**14. Property held for another person**

- None ☒ List all property owned by another person that the debtor holds or controls.

**15. Prior address of debtor**

- None ☒ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

**16. Spouses and Former Spouses**

- None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

**17. Environmental Information**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

- None  
☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.
- None  
☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.
- None  
☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

**18. Nature, location and name of business**

- None  
☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.
- If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.
- If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

- None  
☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: **November 30, 2015** Signature **/s/ Leroy Moore**  
of Debtor **Leroy Moore**

Date: \_\_\_\_\_ Signature \_\_\_\_\_  
of Joint Debtor  
(if any)

\_\_\_\_\_ **0** continuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

Ace Cash  
1231 Greenway Dr., Suite 600  
Irving, TX 75038

Ace Cash Express  
19 South Sandusky Street  
Delaware, OH 43015-2326

Ace Cash Express  
668 7th Street West  
Saint Paul, MN 55118

Ace Cash Express  
5206 East Main St  
Whitehall, OH 43213

Ace Cash Express  
2529 W Schrock Road  
Westerville, OH 43081

Always Payday  
PO Box 4058  
Dublin, OH 43016-0557

Always Payday  
4506 Cemetery Rd.  
Hilliard, OH 43026

Always Payday  
2260 S. Hamilton Road  
Columbus, OH 43232

Always Payday  
1717 W. 5th Avenue  
Columbus, OH 43212



Always Payday  
P.O. Box 12332  
Columbus, OH 43212

Always Payday Loans  
1980 Hard Road  
Columbus, OH 43235

AMCA  
Rep For Lab Corp.  
4 Westchester Plaza, Building 4  
Elmsford, NY 10523

AMCA Collection Agency  
PO Box 1235  
Elmsford, NY 10523

American Medical Collection Agency  
Rep For Various Creditors  
2269 S. Sawmill River Road, Bldg 3  
Elmsford, NY 10523

American Medical Collection Agency  
4 Westchester Plaza  
Elmsford, NY 10523

Americredit  
PO Box 181145  
Arlington, TX 76096

Americredit  
PO Box 182673  
Arlington, TX 76096

Biery & Paulette  
4100 Quarles Ct.  
Harrisonburg, VA 22801

Capital One Auto Finance  
PO Box 259407  
Plano, TX 75025-9407

Capital One Auto Finance  
7933 Preston Road  
Plano, TX 75024

Capital One Auto Finance  
PO Box 30253  
Salt Lake City, UT 84130

Capital One Bank (USA) NA  
5100 Peachtree Indust Blvd  
Norcross, GA 30071

Capital One Bank US SA N A  
PO Box 60599  
City Of Industry, CA 91716

Capital One Bank USA NA  
PO Box 30281  
Salt Lake City, UT 84130

Cascade Receivable Management  
101 2nd Street Suite #100  
Petaluma, CA 94952

Cashland  
5600 Cleveland Ave  
Columbus, OH 43231-4059

Cashland  
4499 Refugee Rd.  
Columbus, OH 43232

Cashland  
2228 Stringtown Road  
Grove City, OH 43123

Cashland  
1154 N. 21st Street  
Newark, OH 43055

Cashland Financial Services  
1149 E. Temple Street  
Washington Court House, OH 43160

Cashland Financial Services  
1699 Brice Road - Suite B  
Reynoldsburg, OH 43068

Cashland Financial Services  
17 Triangle Park Drive  
Cincinnati, OH 45246

Chase Auto Finance  
P.O. Box 9001937  
Louisville, KY 40290-1937

Chase Auto Finance  
P.O. Box 901076  
Fort Worth, TX 76101

Chase Auto Finance  
P.O. Box 901003  
Fort Worth, TX 76101-2003

Check N Go  
706 Belrock Avenue  
Belpre, OH 45714

Check N Go  
7755 Montgomery Road  
Cincinnati, OH 45236

Check N Go  
4540 Cooper Road, Suite 200  
Cincinnati, OH 45242

Check N Go  
1947 E. Dublin Granville Rd.  
Columbus, OH 43229

Check N Go  
Collections Dept.  
100 Commercial Drive  
Fairfield, OH 45014

Checksmart  
2013 Zettler Center Drive  
Columbus, OH 43223

Columbia Gas  
PO Box 742510  
Cincinnati, OH 45274-2510

Columbia Gas  
P.O. Box 16581  
Columbus, OH 43216-6581

Columbia Gas  
PO Box 2318  
Columbus, OH 43216

Columbus Check Cashers  
PO Box 374  
Randolph, MA 02368

Columbus Check Cashers  
1397 West Mound Street  
Columbus, OH 43223

Columbus Check Cashers Inc.  
Dba Columbus Check Cashers  
777 E. Fifth Ave  
Columbus, OH 43201

Comfort Dental  
4693 Morse Road  
Gahanna, OH 43230

Comfort Dental  
2196 Stringtown Rd.  
Grove City, OH 43123

Comfort Dental  
1179 Columbus Pike  
Delaware, OH 43015-2713

Consumer Portfolio Services  
PO Box 57071  
Irvine, CA 92619

Consumer Portfolio Services  
5181 Natopr Blvd  
Cincinnati, OH 45249-7367

Credit Collection Services  
PO Box 9136  
Needham, MA 02494-9133

Credit One Bank  
P O Box 98873  
Las Vegas, NV 89193-8673

Credit One Bank  
PO Box 60500  
City Of Industry, CA 91716-0500

Credit One Bank  
3820 North Louise Ave  
Sioux Falls, SD 57107

Critical Care Transport Inc.  
PO Box 360912  
Columbus, OH 43236

Douglas A. Katula, MD LLC  
7277 Smiths Mill Road Suite 250  
New Albany, OH 43054

Fifth Third Bank  
P.O. Box 997548  
Sacramento, CA 95899-7548

Fifth Third Bank  
5050 Kingsley Drive  
Cincinnati, OH 45263

Fifth Third Bank  
Fifth Third Center  
Cincinnati, OH 45263

Fifth Third Bank  
PO Box 630900  
Cincinnati, OH 45263

Financial Recovery Services, Inc  
Po Box 385908  
Minneapolis, MN 55438

Fixari Family Dental  
4241 Kimberly Pkwy  
Columbus, OH 43232-7225

GM Financial  
PO Box 181145  
Arlington, TX 76096

GM Financial  
PO Box 78143  
Phoenix, AZ 85062-8143

GM Financial  
PO Box 183834  
Arlington, TX 76096

GM Financial  
PO Box 99605  
Arlington, TX 76096

HSBC Card Services  
PO Box 5222  
Carol Stream, IL 60197

Immediate Health Associates  
PO Box 771847  
Detroit, MI 48277-1847

Immediate Health Associates  
575 Copeland Mill Rd., Suite 1D  
Westerville, OH 43081

Immediate Health Associates  
PO Box 712570  
Cincinnati, OH 45271

JP Recovery Services  
PO Box 16749  
Rocky River, OH 44116-0749

Kevin O'Brian & Associates  
Rep For Columbus Check Cashers Inc.  
995 S. High Street  
Columbus, OH 43206

Lab Corporation Of America Holding  
PO Box 2240  
Burlington, NC 27216-2240

LabCorp.  
PO Box 2240  
Burlington, NC 27216-2240

Laboratory Corporation Of America  
PO Box 2240  
Burlington, NC 27216-2240

Laboratory Corporation Of America  
508 South Lexington Avenue  
Burlington, NC 27215

Law Offices Of Robert A. Schuerger Co  
Rep For OSU Medical Center  
81 South Fifth Street, Suite 400  
Columbus, OH 43215-4323



Lend Me Now  
100 Schoolhouse Canyon Rd.  
Santa Ysabel, CA 92070

LVNV Funding  
PO Box 10497  
Greenville, SC 29603

Meade & Associates  
737 Enterprise Drive  
Westerville, OH 43081-8850

Midland Credit Management  
PO Box 60578  
Los Angeles, CA 90060-0578

Midland Credit Management  
Rep For Various Creditors  
8875 Aero Dr, Ste 200  
San Diego, CA 92123

Mobilex USA  
930 Ridgebrook Road  
Sparks, MD 21152

Mobilex USA  
PO Box 17452  
Baltimore, MD 21297

Mount Carmel Medical Group  
PO Box 951464  
Cleveland, OH 44193

Mount Carmel Medical Group  
PO Box 69  
Nashport, OH 43830-0069

Mountain View Dental Team  
4100 Quarles Court  
Harrisonburg, VA 22801

National Check Cashers  
PO Box 12699  
Columbus, OH 43212

National Check Cashers  
PO Box 4057  
Dublin, OH 43016

National Check Cashers  
2440 Dublin-Granville Rd  
Columbus, OH 43229

National Check Cashers  
2365 Hamilton Road  
Columbus, OH 43232

NCP Finance Ohio, LLC  
205 Sugar Camp Circle  
Dayton, OH 45409-1970

NCP Finance Ohio, LLC  
4757 West Broad Street  
Columbus, OH 43228

Office Of The Ohio Attorney General  
Collections Enforcement Section  
150 E Gay Street  
Columbus, OH 43215

Ohio Department Of Taxation  
Compliance Division  
P.O. Box 182402  
Columbus, OH 43218-2402

Ohio Department Of Taxation  
Attn. Bankruptcy Department  
P.O. Box 530  
Columbus, OH 43216-0530

Ohio Specialty Finance Inc  
DBA Check N Go  
4540 Cooper Road, Suite 200  
Cincinnati, OH 45242

Ohio State Attorney General  
Rep For Ohio Department Of Tax  
30 E. Broad Street, 17th Floor  
Columbus, OH 43215

Orchard Bank  
P.O. Box 5222  
Carol Stream, IL 60197-5222

OSU Health System Anesthesia Services  
PO Box 711823  
Columbus, OH 43271-1823

OSU Medical Center  
410 W. 10th Ave  
Columbus, OH 43210

OSU Medical Center  
PO Box 643684  
Pittsburgh, PA 15264-3684

OSU Medical Center  
PO Box 183102  
Columbus, OH 43218-3102

OSU Physicans, Inc.  
PO Box 740727  
Cincinnati, OH 45274

OSU Physicians  
PO BOX 740727  
Cincinnati, OH 45274-0727

OSU Physicians  
700 Ackerman Road, Suite 630  
Columbus, OH 43202

PNC Bank  
PO Box 609  
Pittsburgh, PA 15230-9738

PNC Bank  
PO Box 3180  
Pittsburgh, PA 15222

PNC Bank  
2594 E. Main St.  
Columbus, OH 43209

PNC Bank  
620 Liberty Avenue  
Pittsburgh, PA 15222

Portfolio Recovery  
120 Corporate Blvd - Suite 100  
Norfolk, VA 23502

Portfolio Recovery  
Rep For HSBC Bank  
120 Corporate Blvd - Suite 100  
Norfolk, VA 23502

Professional Collection Service, LLC  
PO Box 347  
Harrisonburg, VA 22803-0347

Regional Acceptance Corp.  
Po Box 277760  
Sacramento, CA 95827-7760

Regional Acceptance Corp.  
Po Box 830913  
Birmingham, AL 35283

Regional Acceptance Corporation  
1351 East Bardin Road #251  
Arlington, TX 76018

Regional Acceptance Recover  
1424 E Fire Tower Road  
Greenville, NC 27858

Rossman & Co  
5500 New Albany Rd.  
New Albany, OH 43054

Rossman & Co  
PO Box 2051  
New Albany, OH 43054

St Ann's Hospital  
Business Office  
5955 E. Broad Street  
Columbus, OH 43213

St Ann's Hospital  
500 Cleveland Ave  
Westerville, OH 43081

State Of Ohio Department Of Taxation  
750 Cross Pointe Road  
Columbus, OH 43230

State Of Ohio Department of Taxation  
30 East Broad Street, 22nd Floor  
Columbus, OH 43215

Time Warner Cable  
PO Box 2553  
Columbus, OH 43216-2553

Time Warner Cable  
60 Columbus Circle  
New York, NY 10023

Time Warner Cable  
Processing Center 27  
Po Box 55126  
Boston, MA 02205-5126

Time Warner Cable  
P.O. Box 0916  
Carol Stream, IL 60132-0916

United Collect Bur Inc  
PO Box 140190  
Toledo, OH 43614

United Collection Bureau  
5620 Southwyck Blvd Suite 206  
Toledo, OH 43614

United Collection Bureau, Inc.  
PO Box 140190  
Toledo, OH 43614-0190

United Debt Holdings, LLC  
4833 Front St. Unit B#243  
Castle Rock, CO 80104

US Bank  
1028 Cleveland Road  
Sandusky, OH 44870

US Bank - Bankruptcy Dept  
PO Box 5229  
Cincinnati, OH 45201-5229

Westerville Family Physicians  
444 N Cleveland Ave #200  
Westerville, OH 43082

IN RE:

Moore, Leroy

Case No. \_\_\_\_\_

Chapter 13

Debtor(s)

**STATEMENT OF RELATED CASES  
INFORMATION REQUIRED BY LOCAL RULE 1015-2**

Please check the appropriate box(es) with respect to each of the following items and state the required information in the space below, adding an additional page if necessary:

If any previous bankruptcy case of any kind was filed in any court within the last eight (8) years by or against this debtor or any entity related to the debtor as described below, or if the debtor or any entity related to the debtor as described below has a pending bankruptcy case in any bankruptcy court regardless of when such case was filed, then set forth 1) the name of the debtor, 2) case number, 3) date filed, 4) chapter filed under, 5) district and division where the case is or was pending, 6) current status of the case, 7) whether a discharge was granted, denied, or revoked, 8) any real estate in the case and 9) judge assigned to the case. If the prior case was a case under chapter 13 which was confirmed, paid out and discharged, and the current case is a chapter 7 case, the debtor shall disclose the percentage paid to unsecured creditors in the chapter 13 case.

- ☐ This debtor (identical individual, including DBAs, FDBAs)
- ☐ This debtor (identical business entity)
- ☐ Spouse of this debtor
- ☐ Former spouse of debtor
- ☐ Corporation/LLC if this debtor is or was a major shareholder/member of the corporation/LLC
- ☐ Major shareholder of this debtor (if this debtor is a corporation)
- ☐ Affiliate(s) of this debtor (see § 101(2) of the Code)
- ☐ Partnership, if this debtor is or was a general partner in the partnership
- ☐ General partner of this debtor (if this debtor is a partnership)
- ☐ General partner of this debtor (if this debtor is or was another general partner therewith)
- ☐ Entity with which this debtor has substantial identity of financial interests or assets
- ☐ Involuntary

☒ NONE OF THE ABOVE APPLY

I DECLARE, UNDER PENALTY OF PERJURY, THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: November 30, 2015

/s/ Leroy Moore

DEBTOR

\_\_\_\_\_  
JOINT DEBTOR